

TRANS: INSP
PROG: PWC160

HMS INSPECTION DISPLAY/UPDATE

OPER: E417314
11/19/03 08:53:36

ACTION: B (A)DD (C)HANGE (D)ELETE (B)ROWSE A(S)SC # BROWSE
FILE #: 014788 015534 NAME: MACLEOD METALS CO SEC? N STAT: PERM
STREET #: 9309 FR: DR: S NAME: RAYO SF: AVE UN:
CITY: SOUTH GATE ZIP: 90280 AREA: 2J TEL: 323 567 7767
INSP #: I 000371194 INSP TYPE: T SCHI INSP DT: 022703 INSP DISP:
ASSC #: P 00005927T ASSC # TYPE: T 0 ASSC # DT: 032790 ASSC # DISP: PERM

INSP PROC: _____ SAMP REQ? _____ SELF MONT? _____

INSP INFO: CERT_#21887_____

RESULTS:

*not met at all. 4" full on cut. Mon Sep not
operating. Since 0800 for change of ownership
and closure.*

ASSIGN DT: 022703
START DT: _____

DUE DT: 032903
COMP DT: *120203*

ASSIGN TO: 47913 AREA29
COMP BY: *DRD*

LAST TRAN/DATE/OPER: INSP 022703 PWB150

MORE ENTRIES ON NEXT PAGE

for/lost

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION
HAZARDOUS MATERIAL UNDERGROUND STORAGE INSPECTION

HMS UPDATE
BY _____
DATE _____
INSP# _____
-NO USE ONLY-

INTERIOR Removal Specialist
BUSINESS NAME: IRS SITE/FILE: 04788-06534
STREET NO.: 9309 FR: _____ DR: 5 NAME: RAYD SF: ARE UNIT: _____
CITY: South Gate ZIP: 90280 TG: _____
XSTREET: Therstone CONTACT: Richard Lutz TEL: (323) 357-6900
CERT. NO. N/A DISPLAYED [] YES [☒] NO DROPTUBE TAGS IN PLACE [] YES [☒] NO

UST OWNER NAME: INTERIOR Removal Specialist [☒] CORPORATION [] INDIVIDUAL [] PARTNERSHIP
[] GOV. AGENCY [] OTHER
IS UST OWNER THE OPERATOR? [] YES [] NO OPERATORS NAME: _____
MAILING NAME: S.A.A. ADDRESS: _____
CITY: _____ ZIP: _____ TEL: _____

CONSENT TO INSPECT: [☒] YES [] NO
CONTACT: RICHARD LUTZ TITLE: Waste Mgmt Administrator TEL: (323) 357 6900

INVENTORY RECONCILIATION: YES NO N/A
1. Inventory records complete [] [] [☒]
2. Allowable variations exceeded [] [] [☒]
3. Product dipstick in good condition [] [] [☒]
4. Water/Gas indicating paste utilized [] [] [☒]

SURFACE RUNOFF: _____

UST AND PIPING:
1. UST and piping locations and configurations consistent with approved plans [☒] [] [] []
2. Precision tank integrity test records reviewed: _____
Date last tested _____
3. Corrosion protection system installed [] [] [☒]
Date last maintenance certification _____
4. Overfill protection/floatpipe installed [] [] [] []
5. Dispenser spill box installed [] [] [☒] []

CORRECTIVE ACTION REQUIRED:
- LIST NOT IN OPERATION -
- Submit application for
closure
- New owner - Submit Change
of Ownership Application

MONITORING SYSTEM:
1. Identify method of monitoring/leak detection: calibration
2. Establish procedures for alarms notification [] [] [] [☒]
3. Monitoring tapes/read-out reviewed [] [] [] [☒]
4. Self-diagnostic or calibration program performed [] [] [] [☒]
Date last maintenance certification 3-20-02

[☒] Pursuant to Los Angeles County Code, Title 11, Division 4, 511.84.020, correction of the above conditions is required within 30 days from the date of this notice. Upon completion of corrective action, contact the undersigned at () between 8:00 a.m. and 8:30 p.m. for compliance verification.

By: David Dolan
David Dolan Date 12-2-03
Inspector, Environmental Programs Division

MONITORING WELLS:
1. Wells located per approved plan [] [] [] [☒]
2. Wells properly surface sealed and clearly marked [] [] [] [☒]

ON-SITE RECORDS:
1. Last 12 months leak detection records [] [☒] [] []
2. Copy of performance claims (third party certification) for leak detection method [] [] [☒] []
3. Tank and/or associated piping system repairs [] [] [☒] []
4. Tank and/or piping leak detection system maintenance (last 12 months) [] [] [☒] []
5. Certification of financial responsibility (petroleum sites only) [] [] [☒] []
Location of records if not on-site _____

OTHER: _____
OUTSIDE OPERATIONS: _____

This undersigned hereby acknowledges receipt of a copy of this report and/or results:

Name: [Signature]
Title: WASTE MANAGEMENT Date: 12-2-03
ADMINISTRATOR



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

NOTICE

V400148
~~5400148~~ N/A

Date 12-2-03 Permit 014748-015334
Owner/Operator INTERIOR REMOUNT SPECIALIST Site/File 014748-015334
Site Name IRS DEMO
Site Address 9309 S LAKE AVE City, Zip SOUTH GATE 90280
Mailing Address S.A.A. City, Zip _____

A recent inspection of your facility revealed the following conditions and/or practices relating to hazardous materials underground storage tanks (USTs) which are violations of California Health and Safety Code (CH&SC) Chapter 6.7 Los Angeles County Code (LACC), Title 11 Division 4 and/or the conditions and limitations of the above permit.

YOU ARE HEREBY DIRECTED to submit to the office indicated below, the following items checked.

☐ OPERATING WITHOUT AN OPERATION MONITORING SYSTEM - CH&SC 25293

YOU ARE HEREBY DIRECTED to have the monitoring system and the USTs certified immediately and the results received by this office no later than _____ or the contents of all underground storage tank systems are to be removed within this time period.

☐ UNREGISTERED TANKS - CH&SC 25286

YOU ARE HEREBY DIRECTED to submit the following items checked on the attached UNREGISTERED TANK CHECKLIST and/or COMPLIANCE CERTIFICATE CHECKLIST

☒ OPERATING WITHOUT A PERMIT DUE TO A CHANGE OF OWNERSHIP - CH&SC 25284 (c)

- ☒ Complete and sign the Transfer of Ownership Application (yellow form).
- ☒ An application fee of \$ 219 payable to the County of Los Angeles Department of Public Works
- ☐ Complete and sign the Unified Program (UP) Form - Underground Storage Tanks Facility. (You must include the Board of Equalization Number)
- ☐ Complete and sign the Certificate of Financial Responsibility Form
- ☐ Provide Monitoring System Certification, which is current (prepared within the last 12 months).

UST UNIT # (626) 458-3517

YOU ARE FURTHER DIRECTED to submit to the office below evidence of compliance with the above directives by no later than fifteen (15) days from the date on this Notice, unless otherwise directed above. Failure to comply with the Underground Storage Tank laws and regulations may subject you to a civil penalty of not less than \$500 or more than \$5,000, or by one year in county jail or both.

If you have any questions regarding this matter, please contact DAVID DOLPHIN, Monday through Friday, 8 a.m. to 9:30 a.m. at (310) 534-4862

Return requested items to the office below
JAMES A. NOYES
Director of Public Works

By: David Doyan
Environmental Programs Division

ENVIRONMENTAL PROGRAMS
DIVISION
24320 S MOUNTAIN AVE
LOMITA, CA 90717

Receipt of Notice acknowledged by Ramiro Lopez PRINT NAME [Signature] SIGNATURE WASTE MANAGEMENT ADMINISTRATOR TITLE